

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO  
**10/585730**

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4	1	2	1			
5		1		1		
6		2		1		
7	1		1			
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14	1			1		
15		1		1		
16				1		
17		4		0		
18		3		0		
19		4		0		
20		3		1		
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TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						